

<b>AMENDMENT TRANSMITTAL LETTER</b>			Docket No. 0505-1268P																																											
Application No. 10/776,522-Conf. #4129	Filing Date February 12, 2004	Examiner B. A. Gebremichael	Art Unit 3715																																											
Applicant: Yohei MAKUTA																																														
Invention: RIDING SIMULATION APPARATUS																																														
<p>MS AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p> <p>Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="6" style="text-align: center;">CLAIMS AS AMENDED</th> </tr> <tr> <th></th> <th style="text-align: center;">Claims Remaining After Amendment</th> <th style="text-align: center;">Highest Number Previously Paid</th> <th style="text-align: center;">Number Extra Claims Present</th> <th style="text-align: center;">Rate</th> <th></th> </tr> <tr> <td>Total Claims</td> <td style="text-align: center;">21</td> <td style="text-align: center;">- 21 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x 52.00</td> <td style="text-align: center;">0.00</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">2</td> <td style="text-align: center;">- 3 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x 220.00</td> <td style="text-align: center;">0.00</td> </tr> <tr> <td colspan="5">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="5">Other fee (please specify):</td> <td></td> </tr> <tr> <td colspan="5"><b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b></td> <td style="text-align: center;">0.00</td> </tr> </table> <p> <input checked="" type="checkbox"/> Large Entity         <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span> </p> <p> <input checked="" type="checkbox"/> No additional fee is required for this amendment.     </p> <p> <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____.          A duplicate copy of this sheet is enclosed.     </p> <p> <input type="checkbox"/> A check in the amount of \$ _____ is enclosed.     </p> <p> <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.     </p> <p> <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No: <u>02-2448</u>          as described below.     </p> <p> <input checked="" type="checkbox"/> Credit any overpayment.     </p> <p> <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.     </p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="width: 60%;"> <p>James M. Slattery Attorney Reg. No.: 28,380</p> <p>BIRCH, STEWART, KOLASCH &amp; BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8015</p> </div> <div style="width: 35%; text-align: right;"> <p>Dated: <u>March 30, 2009</u></p> </div> </div>					CLAIMS AS AMENDED							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		Total Claims	21	- 21 =	0	x 52.00	0.00	Independent Claims	2	- 3 =	0	x 220.00	0.00	Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						Other fee (please specify):						<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00
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